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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the United Republic of Tanzania

Proposed UNFPA assistance: $25 million, $21 million from regular resources and $4 million from multi-bilateral and/or regular resources

Programme period: 5 years (1997-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	16.0	2.0	18.0
Population & development strategies	3.0	1.0	4.0
Advocacy	2.0	1.0	3.0
Total	21.0	4.0	25.0

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UNITED REPUBLIC OF TANZANIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	53.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	10.0	≥55
Access to basic health services (%)[3]	76.0	≥60
Infant mortality rate (/1000)[4]	85.0	≤50
Maternal mortality rate (/100,000)[5]	340.0	≤100
Gross female enrolment rate at primary level (%)[6]	35.7	≥75
Adult female literacy rate(%)[7]	52.4	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, Education for All - Status and Trends, 1994.*

Demographic Facts

Population (000) in 1995	29,685
Population in year 2000 (000)	34,074
Sex ratio (/100 females)	97.9
Per cent urban	24.4
Age distribution (%)	
Ages 0-14	47.8
Youth (15-24)	19.8
Ages 60+	4.2
Percentage of women aged 15-49	45.5
Median age (years)	17.0
Population density (/sq. km.)	31
Annual population growth rate (%)	2.8
Urban	5.7
Rural	1.7
Crude birth rate (/1000)	41.1
Crude death rate (/1000)	13.5
Net migration rate (/1000)	0.0
Total fertility rate (woman)	5.48
Life expectancy at birth (years)	
Males	50.2
Females	52.9
Both sexes	51.5
GNP per capita (U.S. dollars, 1994)	90.0

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1997-2001 to assist the Government of the United Republic of Tanzania achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $25 million, of which $21 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $4 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth programme of assistance in the United Republic of Tanzania.

2. The proposed programme has been developed in close collaboration with national authorities, non-governmental organizations (NGOs) and the donor community. The programme takes into account the National Population Policy of 1992 and the National Programme for Implementation of the National Population Policy, approved in 1995, as well as other government policy statements in the social sphere. It is based on the findings and recommendations of the multisectoral programme review and strategy development (PRSD) exercise that was undertaken in 1996. The proposed programme is harmonized with the programming cycles of UNDP and UNICEF.

3. The main goal of the proposed programme is to help the Government realize the objectives of the National Population Policy. To do so, UNFPA will help the Government in human resource training and institution building as ways of increasing the national capacity for carrying out population and reproductive health, including family planning and sexual health, programmes. The Fund will help in integrating reproductive health services into the quarter of the country's 4,000 primary health care facilities that currently lack them and in making the network accessible to adolescents requiring such services.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The United Republic of Tanzania is one of the least developed countries in the world, with an estimated per capita gross national product of less than $100. Among social indicators, the country scores very low in terms of nutrition, access to safe water, sanitation, health status and life expectancy. The average schooling is 1.9 years for females and 2.1 years for males. Although fertility levels have been declining, they are still high -- estimated at 5.5 children per woman in 1994. About 30 per cent of births are attended by untrained traditional birth attendants, and it is known that 20 per cent of maternal deaths in Dar es Salaam are the result of abortions and that 60 per cent of induced abortions occur among adolescents. These are some of the reasons why both infant and

maternal mortality rates are high, but there are certain factors that indicate reasonable chances of making improvements during the next programme cycle. These include the fact that about 90 per cent of pregnant women visit an antenatal clinic at least once and that slightly more than half of all births take place in health facilities. The contraceptive prevalence rate (CPR) for modern methods is about 10 per cent, but the knowledge of contraception is high at 80 per cent. Therefore, it seems quite possible to achieve a significant increase in the CPR if facilities and supplies are available.

6. The Government of the United Republic of Tanzania adopted concepts of "Health for All" and "Primary Health Care" well before they became global strategies for improving health. As a result, it invested heavily in health infrastructure down to the village level. The country's health strategy focuses on the delivery of primary health care services and emphasizes strengthening district management capacity, multisectoral collaboration and community involvement. Its early impressive achievements were, however, vitiated by the economic crisis that began in the 1970s. In 1992 it was estimated that per capita spending on public health was $3.50 versus the estimated $12 that would be required to achieve the goal of health for all.

7. While the country's health infrastructure reaches from the primary community level to tertiary referral, it faces a lack of skilled personnel, inadequate equipment and supplies, and a weak referral system. According to a situational analysis carried out in 1992, the average distance to a reproductive health and/or family planning service point is 5 kilometres. About three quarters of the 4,000-plus primary health care facilities offer reproductive health and family planning services. Half of these facilities have at least two persons trained in family planning service delivery. It is estimated that the current 4,500 trained service providers would need to be supplemented by an additional 4,000 service delivery persons in order for all primary health facilities to have two persons trained in reproductive health and family planning. Access to reproductive health services is sometimes difficult for adolescents and unmarried youth.

8. The PRSD report identified a number of persistent weaknesses and emerging issues in the provision of services. Reproductive health services are better utilized in urban centres because rural centres suffer greater shortages of trained personnel and basic drug supplies, except for contraceptives. Services in general are biased towards married women. The PRSD found that information, education and communication (IEC) activities in support of reproductive health, including family planning, targeted mostly women, were often restricted to health facilities and lacked sociocultural relevance. The gender imbalance at managerial and service delivery points and the nature of the services provided make services inaccessible to men and to youth and adolescents.

9. Women in the United Republic of Tanzania play a major role in agricultural production and family welfare but continue to be relegated to second class status. However, the country has made commendable efforts to promote gender equity, equality and women's empowerment. The Government's efforts have, however, been hampered by strong dominance of cultural values that

reinforce patriarchal and patrilineal practices and ideologies. Various sociocultural beliefs and practices deny women equal access to educational opportunities, health security, inheritance of land and family property, economic opportunities, political participation and equal involvement in a changing society. However, there have been serious indications of enhanced political commitment from the highest levels of Government in favour of women's health, education, reproductive rights and gender issues as articulated in the Programme of Action of the International Conference on Population and Development and the Platform of Action of the Fourth World Conference on Women.

Previous UNFPA assistance

10. The PRSD mission found that UNFPA's third country programme in the United Republic of Tanzania, ending in 1996, had contributed to a number of significant achievements. For example, an accelerated increase in both the contraceptive prevalence rate and demand for family planning services was noted. The awareness throughout the country, both among policy makers and the general public, of the interrelation between population and development had increased. Equally, there is much greater awareness of the health and economic benefits of family planning. One of the very effective elements in promoting this awareness is the development by UNFPA of a socially-responsible radio soap opera called "Twende Na Wakati" ("Let's Go with the Times") that has become one of the most listened to programmes in the country. Surveys have shown that its subject matter is much discussed among all social groups. During the previous programme, the Fund also helped the Government to formulate several important policy documents, including the National Population Policy, and a Parliamentary Group on Population and Development is being formed. Other achievements include completion of the 1988 census, training of reproductive health implementors and managers, improvement of the family planning logistics management system, and improved family planning accessibility.

11. There were, and continue to be, numerous constraints on the success of population programmes in the United Republic of Tanzania. These include inadequate use of national expertise, drastic changes in the country's economic and political systems, over-reliance on governmental institutions, and financial and human resource constraints. This latter constraint has been exacerbated by the fact that human resources development plans and research have been carried out in an ad hoc manner and without a clear focus. Other shortcomings include lack of self-reliance in the design and implementation of programmes and projects, and weak coordination of donor inputs. These constraints are illustrated by the failure to publish the results of the 1988 census in a timely fashion because of a number of problems: constant power interruptions caused by electricity rationing in the country; shortages of staff and office and storage space; and lack of funds for printing.

Other external assistance

12. There was an interruption of external assistance to the United Republic of Tanzania in 1994 because of concerns about possible misuse of funds. This has been corrected by the Government, and the country is the recipient of development assistance from a number of multilateral and bilateral sources. In the area of reproductive health and population, the principal donors are the United States Agency for International Development (USAID), which has supported family planning and prevention of HIV/AIDS, including the provision of contraceptives; the German Gesellschaft für Technische Zusammenarbeit (GTZ), which worked to improve the primary health care system and has provided contraceptives; and the British Overseas Development Administration (ODA), which funds a family planning project in Mbeya region and provides contraceptives. Norway funded the construction of the Tanzanian Reproductive Health Centre (JAUTA). Canada and Denmark have done work in the area of IEC in support of reproductive health. The World Bank is the largest funder for improvements in the health system as a whole. Among other United Nations agencies, UNICEF and UNDP have programmes that impact on primary health care and HIV/AIDS prevention. UNHCR has, along with the African Medical and Research Foundation (AMREF), the Family Planning Association of Tanzania (UMATI) and UNFPA, instituted reproductive health and IEC programmes for refugees.

13. UNFPA has been the lead agency in raising the general level of awareness of population issues in the United Republic of Tanzania. It has also helped procure bulk quantities of contraceptives. UNFPA's neutrality and its catalytic role in developing population programmes with the Government, NGOs, and other donors have created considerable trust and confidence in its objectivity and competence in dealing with population issues. UNFPA-supported projects, often implemented in conjunction with various bilateral donors, have succeeded in creating a level of awareness and understanding of the role of population in socio-economic development. Donors have found it prudent to undertake regular consultations in the population sector under the "Technical Committee on Population and Health", of which UNFPA is a core member. Under this arrangement, duplication has been avoided, and each donor concentrates in an area where it has a comparative advantage. Under the reproductive health programme, all donors contribute to one national programme but with clear lines of responsibility.

Proposed programme

14. The central goal of the country's population policy is the reduction of the total fertility rate from 6.3 in 1988-1992 to 5.0 by the year 2000 and 3.5 by 2018. The policy also aims to reduce, by the year 2001, annual population growth to 2.5 per cent a year, reduce maternal mortality by 50 per cent, and infant mortality to 80 per 1,000 live births. It also aims to cut in half adolescent pregnancies and the rate of transmission of HIV by 2001. In helping to achieve these and the other goals of the National Population Policy, UNFPA's proposed programme will operate on two levels: one by

directly helping to integrate reproductive health services into the country's primary health care system and the other by increasing the country's own national capacity in the areas of reproductive health and population through training, awareness creation and infrastructure development activities.

15. Reproductive health. The proposed programme will diversify the availability and accessibility of reproductive health services by ensuring that priority components of reproductive health care (family planning, Safe Motherhood, infertility, sexually transmitted diseases (STDs), including HIV/AIDS, adolescent and women's health) are incorporated in the package of essential health services at all 4,000-plus government primary health facilities. Community based distribution services will be expanded to 12 additional regions, and 905 health facilities not currently offering family planning services will be restructured to include such services. Approximately 30 new service delivery points will be created yearly by participating NGOs. The Fund will support renovation of 400 facilities and will also help with supplying equipment for emergency obstetric care and more complicated procedures at approximately 200 regional and district hospitals that serve as referral centres.

16. UNFPA will assist the Government to strengthen national training capacity in family and reproductive health through training 180 reproductive health trainers at the district level. The Fund will collaborate with Muhimbili University College of Health Science in training medical and paramedical personnel to serve as trainers. The pre-service training curriculum will be revised to incorporate reproductive health components. UNFPA will also contribute to training 2,500 traditional birth attendants and 2,500 community-based distribution agents by the end of the programme. Although UNFPA will provide less assistance under the current programme than it has in the past for the provision of contraceptives, the Fund will continue to do so in accordance with agreements reached between the Government and other donors.

17. To help address the large gap in the United Republic of Tanzania between knowledge and use of family planning, UNFPA will assist the Government in its efforts to publicize reproductive health, including family planning, services through, for example, the radio soap opera programme and flyers designed to instruct and motivate clinic personnel and staff. In addition, community based activities aimed at raising awareness on reproductive health issues and related service delivery will be implemented by district authorities and coordinated by the Family Planning Unit. With a view to promoting male involvement, UNFPA will work to expand the male-to-male programme in which male clients are recruited to promote reproductive health, including family planning, to other men and youth, taking into account the sociocultural context. Within the overall programme, STDs and HIV/AIDS prevention messages will be developed and integrated in all IEC and reproductive health activities.

18. Population and development strategies. The Fund will support institutional capacity building of the Bureau of Statistics in terms of improving the management of statistical offices, human

resource development and mobilization of existing national expertise. This will also include helping the Bureau to devise programmes for assessing the quality of statistical outputs and in standardizing concepts and definitions. UNFPA will also support the creation of methods and standards units in the national and regional statistical offices. There is considerable scope for increasing the efficacy and impact of activities designed to incorporate population variables into development planning by supporting the National Planning Commission to increase coordination and collaboration with other agencies. Two relatively innovative approaches to strengthening collaboration and cooperation are proposed. The first of these foresees issue- or theme-based workshops as a means to spur collaboration among population organizations and institutions. The second calls for an annual review of the national population programme to evaluate its ongoing effectiveness.

19. Specifically, the Fund, in collaboration with other donors, will support a national maternal mortality survey to obtain reliable statistics in this important area. The proposed programme will also help the Government prepare for the 1998 population census. This will include supporting activities that emphasize disaggregation of data by gender, sociocultural research, HIV/AIDS and adolescent fertility questions. These efforts should constitute an important contribution to helping the Government set up a comprehensive population database and a management information system (MIS). These activities are expected to be in large measure co-funded by other donors, and UNFPA will promote collaboration among these donors to achieve the best results.

20. Advocacy. In terms of capacity building, the Fund will support the Government's efforts to develop and deploy local expertise for advocacy in favour of population and reproductive health issues. This will mean helping the Government to spread advocacy programmes beyond urban areas to reach out to rural communities and their opinion leaders. These advocacy activities will address such issues as building support for the implementation of the National Population Policy and for improving the disadvantaged status of women, including educational inequalities, and the resistance to addressing adolescent reproductive health needs. Achieving meaningful results in these areas will entail building capacity for advocacy through partnerships with NGOs, community-based organizations, international donors and agencies; working through the Parliamentarians on Population and Development; and providing training to provide a critical mass of skilled population advocates.

Implementation, coordination and monitoring

21. The programme will be executed by the Government and national and international NGOs and will call upon other United Nations agencies and specialized agencies for their technical support. UNFPA execution will be concentrated in the area of procurement, especially for the reproductive health programme, where it has a comparative advantage. The Population Planning Unit of the National Planning Commission will be the implementing agency for the population policies and development strategies theme area as well as overseeing the implementation of the entire population programme in the country. The Ministry of Community Development, Women Affairs and Children

will play the leading role in advocacy activities. The proposed programme will also actively involve NGOs in this sector. The Ministry of Health will implement activities in the area of reproductive health, which represents the most important sector in terms of financial resources being provided. It will be extensively assisted by national and international NGOs, especially in urban areas and with adolescent and youth programmes, refugees and populations in difficult situations.

22. The Government has introduced several new measures in the social field, including decentralization and cost sharing. In support of these initiatives, the Fund will encourage the involvement of NGOs, grass-roots developmental and women's organizations as well as the private sector in implementing the programme, especially where they offer innovative methods to deal with hitherto difficult-to-reach groups such as youth and adolescents, males at the work place and the disabled. The programme will make use of the country's universities and other research institutions to undertake relevant operational research.

23. The National Planning Commission in the Office of the President has been entrusted with the responsibility for overall coordination of population activities in Tanzania. It should be noted, however, that the Government has exerted little or no coordination of external assistance. This situation is about to change as the Government has initiated the process of formulating a multisectoral action plan for the implementation of the population policy and is also looking at a coordinated approach to the implementation of various international interventions. The importance of effective coordination of population activities cannot be overstressed. At the operational level, the Government is establishing an inter-agency and inter-ministerial working committee, consisting of senior professionals in the population and development sector, and international donors will be invited to join the committee to keep abreast of developments. At the theme or issue level, multisectoral population implementation seminars will be convened on particular topics.

24. Mechanisms for periodic monitoring and evaluation will include annual reviews and half-yearly progress reports as well as independent evaluations. Managers of UNFPA-funded projects will be encouraged to participate in the tripartite review meetings of other projects in the programme. The programme management team, comprising all managers of UNFPA-funded activities and technical advisers, will meet once a year to review work plans, discuss progress and plan for the future. There will be an independent and integrated review of the population sector to highlight significant achievements and identify major constraints with an emphasis on problems of concern to two or more theme areas. The programme will be reviewed at the mid-point in 1999 in coordination with the UNDP and UNICEF programmes. Monitoring and evaluation will be carried out in accordance with standard UNFPA guidelines.

Recommendation

25. The Executive Director recommends that the Executive Board approve the programme of assistance to the United Republic of Tanzania as presented, in the amount of $25 million over the

period 1997-2001, $21 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $4 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.